



## **SPOTSYLVANIA COUNTY**

### **FIRE, RESCUE, AND EMERGENCY MANAGEMENT**

### **STANDARD OPERATING GUIDELINES**

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

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**SOG:** TOC ..... **Effective:** January 12, 2011  
**Subject:** Table of Contents

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**TABLE OF CONTENTS**

<b><u>SOG No.</u></b>	<b><u>Administrative</u></b>	<b><u>Effective Date</u></b>
ADM010	Incident Critiques .....	January 12, 2011
ADM015	Communications.....	January 12, 2011
ADM020	Release of Incident Information .....	January 12, 2011
ADM025	Driver's License Checks and Insurability .....	January 12, 2011
ADM030	Photos/Electronic Images/Recordings and Multi-Media.....	January 12, 2011

<b><u>SOG No.</u></b>	<b><u>Health, Safety &amp; Wellness</u></b>	<b><u>Effective Date</u></b>
HSW010	Infection Control .....	January 12, 2011
HSW015	Initiation of Critical Incident Stress Management (CISM) Team ..	January 12, 2011
HSW020	Protective Equipment .....	January 12, 2011

<b><u>SOG No.</u></b>	<b><u>Station Management</u></b>	<b><u>Effective Date</u></b>
STM010	Emergency Vehicle Preoperational Inspections .....	January 12, 2011
STM015	Fire Apparatus, Ambulance, and Response Vehicle Operations....	January 12, 2011
STM020	Interaction Between Career and Volunteer Personnel.....	In Process
STM025	Flag Etiquette .....	January 12, 2011

<b><u>SOG No.</u></b>	<b><u>Fire</u></b>	<b><u>Effective Date</u></b>
FIR010	Fire Streams.....	January 12, 2011
FIR015	Ventilation.....	January 12, 2011
FIR020	Support of Automatic Sprinkler Systems.....	January 12, 2011
FIR025	Standpipe Operations .....	January 12, 2011
FIR030	Airport Response.....	January 12, 2011
FIR035	Motor Vehicle Fires.....	January 12, 2011
FIR040	Wildland Fires .....	January 12, 2011

<b><u>SOG No.</u></b>	<b><u>EMS</u></b>	<b><u>Effective Date</u></b>
EMS010	Routine Transports .....	January 12, 2011
EMS015	Patient Treatment Documentation.....	January 12, 2011
EMS020	Response to Potential Violence Calls.....	January 12, 2011
EMS025	Medical Protocols.....	January 12, 2011
EMS030	Medication/Supply Exchange.....	January 12, 2011
EMS035	Patient Refusals .....	January 12, 2011
EMS040	Restraint of Violent Patients .....	January 12, 2011
EMS045	Use of Helicopter for EMS Transport .....	In Process
EMS050	Transport of Prisoners for the Sheriff's Office .....	January 12, 2011
EMS055	Patient Transfer .....	January 12, 2011
EMS060	Deceased Patients .....	January 12, 2011

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

<b>SOG:</b>	<b>TOC .....</b>	<b>Effective Date: January 12, 2011</b>
<b>Subject:</b>	<b>Table of Contents</b>	

<u><b>SOG No.</b></u>	<u><b>Technical Rescue/Special Operations</b></u>	<u><b>Effective Date</b></u>
SPO010	Hazardous Materials Response/Patient Transport.....	January 12, 2011
	Subject A-Emergency Response to Hazardous Materials Incidents	
	Subject B-Transport of Patients Contaminated by Hazardous Materials	
SPO015	Water Rescue.....	January 12, 2011
SPO020	Bomb Threat Responses.....	January 12, 2011

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: ADM010 ..... Effective: January 12, 2011**  
**Subject: Incident Critiques**

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**Purpose:** This guideline requires the completion of a written post-incident critique for all emergency incidents that involve one or more of the following:

- Any fatality incident.
- More resources than the initial assignment.
- A mass-casualty incident.
- Extended extrication.
- Incident with significant responder or civilian casualty, or response equipment damage.

This standard establishes guidelines for preparing and conducting a post-incident critique of a fire control or rescue incident.

**1. Definitions**

- A. Critique: A post-incident review of the problems encountered, what went right, and lessons learned during a fire control or rescue incident.
- B. Post-incident: A written report published after the review of a major incident that includes all the relevant facts concerning the incident. The report shall include a review of the problems encountered, the lessons learned, a summary of the on-scene operations, and any recommendations for changes in Standard Operating Guidelines (SOGs), etc.

**2. Procedure**

- A. A post-incident critique shall be conducted in the following circumstances:
  - (1) A working fire--a fire that requires a considerable effort to extinguish and may require the response of additional apparatus such as tankers in rural areas.
  - (2) A ground-cover fire that requires the response of three or more companies.
  - (3) A hazmat incident that requires a minimum of a fire-alarm assignment.
  - (4) An EMS incident that requires the response of three or more companies.
- B. A critique shall be conducted as soon as practical following the incident and shall include:
  - (1) A review with the companies that responded to the incident.
  - (2) If practical, a review with all responding personnel.
  - (3) A review of applicable SOGs.
- C. In addition to a critique, a postmortem shall include:
  - (1) A narrative of the incident, including a summary of the operation.
  - (2) A review of problems or obstacles encountered.
  - (3) A review of operations that went well.
  - (4) A diagram of the incident.
  - (5) Recommendations for changes in SOGs, commendations, etc.
  - (6) A critique with all crews.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: ADM010 ..... Effective: January 12, 2011**  
**Subject: Incident Critiques**

**3. Responsibilities**

- A. The Incident Commander (IC) shall ensure that a critique is conducted in accordance with the guidelines established by this standard. The critique shall be conducted as soon as practical following the incident.
- B. The Incident Commander shall also have a postmortem published and critiques conducted in accordance with this standard.
- C. The IC shall also forward to their Fire Chief, Rescue Chief, Battalion Chief, and FREM Chief within 72 hours of an incident, a narrative of the operations conducted including statements by each company officer.
- D. The IC shall also forward to their Fire Chief, Rescue Chief, Battalion Chief, and FREM Chief within 72 hours the following:
  - (1) A completed incident report, including Computer-Aided Dispatch (CAD) records.
  - (2) A summary of the initial investigation.
  - (3) Copies of all injury and casualty reports.
- E. Narrative summaries should be shared by agency leaders and the FREM Chief, to maximize sharing of lessons learned and incident successes.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** ADM015 ..... **Effective:** January 12, 2011  
**Subject:** Communications

**Purpose:** Communications are the cornerstone to smooth operations for fire, rescue, and emergency management. Communications shall be clear and concise.

- 1. Spotsylvania fire and rescue personnel shall:**
  - A. Use plain English for all transactions on the radio.
  - B. Not use "10" codes. The use of "10" codes is prohibited.
  - C. When transmitting, speak directly into the microphone held 4 to 6 inches from the mouth at a slight angle.
  - D. Ensure they are transmitting on the proper frequency prior to transmitting.
  - E. Be courteous and direct when speaking.
  - F. Keep radio traffic to a minimum. Refrain from asking dispatch for directions without first using available map book resources.
  - G. Use alternate forms of communications when possible.
  - H. Radio uniformity is addressed in detail in the County's Incident Command System (ICS) Plan.
  
- 2. Spotsylvania fire and rescue personnel shall adhere to the following guidelines for answering Station/Company Phones, etc.:**
  - A. Phones shall be answered, i.e. Spotsylvania Engine Company #\_\_\_ or Spotsylvania Rescue Station \_\_\_\_, (Your Name), May I help you?
  - B. Employees shall answer using their own name. Answering the phone with another employee's name is prohibited.
  - C. Personal phone calls will be limited.
  - D. Keep the station alerting system in the day (monitor) mode from 7 a.m. to 10 p.m.
  - E. Proper telephone etiquette shall be used at all times. "Rudeness and hanging up abruptly" will not be tolerated.
  
- 3. Spotsylvania fire and rescue personnel shall adhere to the following guidelines with reference to radio use in other jurisdictions:**
  - A. Call their dispatch center by the name they request.
  - B. Identify yourself as "Spotsylvania Engine #\_\_\_" or "Spotsylvania Unit #\_\_\_" at the beginning of transmissions.
  - C. Advise the other jurisdiction and the Spotsylvania Dispatch when you leave the frequency.
  - D. If personnel are staying in the bunkroom at the station, the alerting system is to be shifted to monitor mode at 7 a.m. During the time that the alert system is in night mode, personnel shall maintain pagers in an alert or monitor mode as a backup to the primary station alert system.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: ADM020 ..... Effective: January 12, 2011**  
**Subject: Release of Incident Information**

**Purpose:** Release of incident information will be accomplished by Spotsylvania personnel in accordance with this SOG. While it is important to have good relations with the media, it is essential that only factual data is reported and that patient rights to privacy and confidentiality are protected. The identities of fire fatalities will be released by the fire marshal/investigator through the FREM Public Information Officer (PIO). Information regarding investigated fires will likewise be released through the PIO. The procedures listed below will be followed by all Spotsylvania personnel:

1. On the scene of an incident, any requests for information by the media or other parties, will be directed to the PIO for the agency. Technicians and firefighters are not permitted to give statements to the media, unless specifically authorized.
2. Patient names, addresses, or any patient-peculiar data will not be released, except through the department PIO, based on established County policies.
3. The department PIO will document, in writing, any public release statements made. A copy will always be forwarded to the FREM, CVFR, SVFD, and SVRS Chiefs.
4. All personnel will refrain from discussing patient information, crime scene information, or speculations as to fire causes, motives, or rescuer actions where these conversations may be overheard or misinterpreted. Conversations of this nature will be conducted at formal/informal incident critiques and the finding of these critiques will be held in strictest confidence.
5. During prolonged incidents, i.e., train accidents, floods, natural disasters, bus accidents, etc., agency officers will be notified of the nature of the incident by Dispatch via the major incident alpha-page. The Incident Commander (IC) shall confirm with Dispatch the page has been sent.
6. The department PIO will coordinate/manage media releases as appropriate based on existing Spotsylvania County policies.
7. Give no information over the phone or to anyone appearing at a work location asking about a call. Refer callers or visitors with specific requests for reports, etc. to Fire and Rescue Administration.
8. Pre-Hospital Patient Care Reports (PPCRs) will be released only through the respective agencies (FREM #573, CVFR #1248, or SVRS #276) approval and release process.
9. Fire incident reports will be released only through the FREM Administration Office (approval process).

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** ADM025 ..... **Effective:** January 12, 2011  
**Subject:** Driver's License Checks and Insurability

**Purpose:** To ensure that all personnel in the combination system maintain the highest level of safe driving habits while maintaining the "insurability" of our drivers by the County's insurance carriers.

**General:** FREM will conduct annual driver's license checks through the Department of Motor Vehicles (DMV) for all drivers within the entire Combination System. Driver's license checks can be requested at any other time during the year with just cause.

All personnel seeking authority to operate emergency response vehicles owned or co-owned by the volunteer and/or county agencies will:

1. Have at least three (3) years of driving experience.
2. Satisfy all criteria required by the department, local, state, or federal agencies.
3. Demonstrate the judgment and physical skills necessary to operate emergency vehicles in both emergency and non-emergency conditions.
4. Obtain approval from FREM or the Volunteer Agency to operate emergency vehicles.

All emergency vehicle drivers must satisfy the following requirements:

1. Emergency Vehicle Operators Course (EVOC) for respective vehicle.
2. Defensive and Unusual Circumstance driver training.
3. Equipment use and maintenance training.
4. Ongoing formal training as required by the insured or state agencies.

All new personnel/volunteers must submit a copy of their current driving record (or grant permission for the department to seek a copy) during the initial application process. FREM will also run an additional, up-to-date DMV check prior to employment.

Prior to obtaining FREM or Agency authorization to operate any emergency response vehicle, employees and volunteer providers will complete:

1. Classroom training including orientation to Department/County policies and procedures on the operation of emergency vehicles for which they will be driving.
2. Actual driver training under the supervision of an experienced and authorized emergency vehicle operator.
3. Emergency Vehicle Operator Course (EVOC) when required by the department or state agency.



**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: ADM025 ..... Effective: January 12, 2011**  
**Subject: Driver's License Checks and Insurability**

**Insurability Criteria:** The criteria used to determine "insurability" will be the criteria as established by Chesterfield Insurers, Inc.; therefore, driving records for entry level, volunteer personnel, and incumbent career personnel must meet the following criteria:

- No Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) convictions within past 36 months.
- No Reckless Driving convictions within past 36 months.
- No violations for operating a vehicle during a period of suspension or license revocation.
- No violations for Hit-and-Run, Negligent Homicide, or Aggravated Assault arising out of the use of a motor vehicle, or for use of motor vehicle for the commission of a felony at any time.
- No more than two (2) moving violations within the past 36 months.
- No more than any two (2) combinations of moving violations and accidents.

**Special Note:** Non-work related and work related accidents will be reviewed by the insurance company on a case-by-case basis because accidents showing up on a driver's license check do not indicate who was at fault. In these cases, the driver is required to provide a written description of the incident/accident in their own language along with any other supporting documentation related to the accident such as police reports, court records, proof of insurance, and benefits paid by the other driver's company, to support any claim of innocence.

Submission of supporting documentation does not guarantee a reversal of the employee's insurability; however, this information will be evaluated on a case-by-case basis by the county and the insurer.

**Violations of Insurability Criteria:** Any entry level career applicant not meeting the "Insurability Criteria" will not be considered for employment until all insurability criteria are met.

Volunteer agency applicants may still become members; however, they cannot drive emergency vehicles until all insurability criteria are met.

Any incumbent employee or volunteer personnel not meeting the "Insurability Criteria" shall be immediately removed from driving any emergency response vehicle owned or co-owned by the volunteer and/or county agencies. Personnel with pending court cases will be removed from driving until a verdict has been rendered. Personnel must report all moving violations, traffic infractions and arrests to their respective agency Chief Officer.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: ADM025 ..... Effective: January 12, 2011**  
**Subject: Driver's License Checks and Insurability**

The following course of "remedial action" must be completed by career personnel within ninety (90) days of losing insurability in order to regain driving privileges and insurability:

1. Employee must successfully complete an EVOC course sanctioned by the Virginia Department of Fire Programs.
2. Employee must successfully complete a Virginia Defensive Driving Course.
3. Employee must drive under the direct supervision of an Agency Officer for the first 30 days after being re-insured.

Volunteer personnel must follow the same "remedial action" plan; however, the deadline period can be set by each respective agency.

Failure to successfully regain insurability within ninety (90) days (or as established by volunteer agencies) may result in disciplinary action, up to and including dismissal. For personnel with pending court cases, the ninety (90) day period will officially begin when a verdict is rendered; however, personnel can begin the remediation process prior to a rendered verdict. Remedial action may not be applicable for DUI, DWI, Hit-and-Run, Negligent Homicide, or Aggravated Assault arising out of the use of a motor vehicle, or for use of a motor vehicle for the commission of a felony.

Driver license suspensions due to administrative causes must be remedied by the correction of the suspension, reinstatement of the driver's license, and submittal of a DMV record for the review of the Chief Officer.

The reinstatement of a suspended license, for administrative causes, will require "remedial action" as dictated by the Chief Officer.

All costs associated with remedial action shall be at the sole expense of the employee. In addition, no overtime, compensatory time, or educational leave will be granted to career personnel to complete the remedial program. Volunteer agencies may choose to pay for these expenses for their membership.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: ADM030 ..... Effective: January 12, 2011**  
**Subject: Photos/Electronic Images/Recordings and Multi-Media**

**Purpose:**

The purpose of this policy is to manage photographs, video, electronic images, and voice recordings created by personnel of the Fire, Rescue, and Emergency Management System of Spotsylvania County, Virginia, while in the performance of their duties, in order to guarantee professionalism and the privacy rights of department personnel, patients, fire victims, and the public that we serve.

**Scope:**

All FREM Agencies are restricted to the same access and creation of photographic, audio, video, and recorded electronic media as the general public. This policy does not preclude EMS providers from taking photographs or other recorded media to aid in patient care provided these items are immediately shared with hospital personnel. Sworn County fire investigators may use these media devices as outlined and prescribed by accepted NFPA evidence collection and documentation practices.

**Policy:**

1. The use of any recording device by members of FREM Agencies is strictly prohibited on all emergency scenes unless the information will be shared with hospital facilities to document mechanism of injury or enhance patient care. Recording devices shall consist of film and digital cameras; cell phone cameras; audio and video recorders; PDAs, cell phones; helmet cameras, and audio recorders. This listing is non exclusive.
2. All Personnel are prohibited from using any recording device (audio and visual) while responding to or from any incident or while operating on any incident. This statement does not include Chief Officers' vehicle mounted cameras.
3. Any photographs containing images or identifiable images of patient information are covered by HIPAA privacy laws and must be protected in the same manner as patient care reports and other EMS documentation.
4. Photographs or a video recording of building interiors and contents is prohibited.
5. On scene images and/or other images advertently or inadvertently taken by any fire or EMS personnel as approved in this policy and in the course of their duties are the sole property of the respective agency.
6. No images taken by personnel in the course and scope of their duties may be used, printed, copied, scanned, e-mailed, posted, shared, reproduced or distributed in any manner. Any photographs, video or recordings taken or reproduced during the course of performing your duties cannot be posted or transferred to any organizational or personal websites such as, but not restricted to: Facebook, YouTube, other public safety agency websites without the approval of the respective agency leadership.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: ADM030 ..... Effective: January 12, 2011**  
**Subject: Photos/Electronic Images/Recordings and Multi-Media**

7. All personnel are strictly prohibited from emailing, texting, or tweeting any information, photograph, audio or video material to any friend, relative or colleague from any emergency scene or during any emergency incident.
8. Casual photography and video recording during non-emergency situations by personnel and members, such as group pictures, apparatus photos, and station-life photos is permissible with the prior approval of the station Fire or Rescue Officer. Pictures and videos captured in this forum shall not project a negative image of our organization or the fire/EMS service.
9. The use of photography or videos for clinical, documentation, or training purposes is permissible, but must be conducted by or at the direction of the FREM using approved equipment. This permission should be received prior to the training event or special event.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** HSW010..... **Effective:** January 12, 2011  
**Subject:** Infection Control

**Purpose:** This guideline is applicable to all Spotsylvania fire and rescue personnel. This policy applies to all personnel who have a potential for occupational exposure to blood or other infectious materials.

1. The purpose of this guideline is to minimize or eliminate personnel exposure to communicable diseases.

Authority: 29 Code of Federal Regulations, Part 1910  
Occupational Safety and Health Administration (OSHA)  
Instruction CPL 2-2.44B

2. Policy Statement:

The Spotsylvania County Department of Fire, Rescue, and Emergency Management (FREM) has established a written *Infection Control Manual* that is available through an Infection Control Officer or FREM Administration. The FREM Revenue Recovery/Health & Safety Officer (RR/HSO) is the Infection Control Coordinator for this program. While the FREM RR/HSO is the overall coordinator for the program, personnel should address infection control issues through their respective designated officer. When the FREM RR/HSO is absent, another FREM Infection Control Officer shall be designated as responsible for administering the program. Providers should contact their agency Chief Officer who will refer them to their respective Infection Control Officer.

The Spotsylvania County Department of Fire, Rescue, and Emergency Management is committed to full compliance with laws and policies dealing with infection control. The Department will develop plans leading to compliance for any deficient areas identified by this program.

3. All personnel are responsible for following the policies and procedures outlined in the *Infection Control Manual*. The *Infection Control Manual* contains guidelines for the following areas:

- A. Precautions and Prevention
- B. Personal Protective Equipment
- C. Scene Management
- D. Cleaning and Disinfection.
- E. Infectious Waste Disposal
- F. Immunizations
- G. Exposure Determination
- H. Post-Exposure Evaluation and Follow-up
- I. Medical Surveillance
- J. Record Keeping
- K. Training Requirements
- L. Reporting an Injury/Exposure

4. The Infection Control Program will be reviewed and updated as necessary to reflect significant changes in tasks or procedures.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: HSW010..... Effective: January 12, 2011**  
**Subject: Infection Control**

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5. Refer to the *Infection Control Manual* for additional pathogens/information.
  
6. All personnel shall receive training by their designated officer in the area of infection control to include areas addressed in Section 3 prior to responding on any EMS calls. Additionally, all personnel shall receive annual update training. An Infection Control Module shall be included in all entry-level Firefighter I, EMT-B, and Fire Responder training programs.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** HSW015..... **Effective:** January 12, 2011  
**Subject:** Initiation of Critical Incident Stress Management (CISM) Team

**Purpose:** Critical incidents may stress personnel by causing unusually strong emotional responses to a situation.

1. The following are the most common responses which may require a defusing and/or a debriefing:
  - A. Death of a child or children;
  - B. Injury to children (especially intentionally inflicted);
  - C. Death of any other person (especially a line-of-duty co-worker);
  - D. Multiple casualty incidents;
  - E. Fear of illness/injury in the line of duty;
  - F. Fear of one's own death in the line of duty;
  - G. Aircraft incidents;
  - H. Vehicle accidents (especially prolonged extrications, etc.);
  - I. Large scale fire suppression involving evacuation or search and rescue;
  - J. Extended operations (especially nighttime);
  - K. Patient is personally known to provider(s); and
  - L. Fire victims are personally known to crew member(s) or are family member(s) of crew member(s).
2. Since most incidents listed above require a multiple-agency response, volunteer and career personnel may be exposed to difficult situations as members of the same team. Any member of the responder community may request a CISM team response if they or a member of their team feel the need. Requests for CISM should be sent through the Officer-in-Charge (OIC) or station officer. Requests are then forwarded to the appropriate Chief Officer.
3. The initiation of a defusing/debriefing team shall be accomplished following the Rappahannock Emergency Medical Services Council Protocols and Procedures.
4. Personnel are encouraged to review the station CISM policy to learn of available support prior to need.
5. A CISM policy review shall be included in all Firefighter I and EMT-B classes delivered in Spotsylvania County.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

<b>SOG:</b> HSW020.....	<b>Effective:</b> January 12, 2011
<b>Subject:</b> Protective Equipment	

**Purpose:** This Standard Operating Guideline (SOG) establishes the guidelines under which protective clothing will be worn by Spotsylvania personnel engaged in activities within a hazardous zone or area.

1. **When to Wear Protective Clothing:** Protective Clothing consisting of bunker pants, gloves, flame-resistant hood, helmet with shield and goggles or safety glasses, and bunker coat will be worn at all times under the following situations:
  - A. Vehicle extrications;
  - B. Auto accidents where danger of fire exists;
  - C. Hazardous materials incidents;
  - D. Any confined space or cave-in evolution;
  - E. Any other situation dictated by the Incident Commander (IC) on the emergency scenes;
  - F. Structural and vehicular fires; and
  - G. Dumpster fires.
  
2. **When to Remove Protective Clothing:** Personnel will continue to wear complete protective equipment until the requirement for such is relaxed by the Incident Commander, or until the hazardous situation no longer exists, as determined by the Incident Commander.
  
3. **Personal Protective Equipment:**
  - A. **Turnout Coat and Pants** - All personnel shall wear turnout coat and pants as furnished by their agency. Gear shall meet National Fire Protection Association (NFPA) 1971, *Protective Clothing for Structural Firefighting*. This gear shall be maintained in good condition by the personnel assigned the gear, and shall be inspected at least on a quarterly basis by an agency officer or designee. A notation of the inspection shall be entered in the station log.
  
  - B. **Turnout Boots** - All personnel shall wear issued structural fire boots or comparable boots privately purchased. Boots shall meet NFPA 1971, *Protective Clothing for Structural Firefighting*. Boots shall be maintained in good condition by personnel and shall be inspected at least on a quarterly basis by an agency officer or his designee.
  
  - C. **Fire Resistant Hood** - All personnel shall wear a fire resistant hood that is either issued by their agency or purchased by the individual. If purchased by the individual, the hood shall resemble the department-issued hood or if not, shall be approved for wear by agency administration. All hoods shall meet NFPA 1971, *Protective Clothing for Structural Firefighting*. The hood shall be maintained in good condition by personnel and shall be inspected at least on a quarterly basis by an agency officer or designee. The individual shall be solely responsible for replacement of personal hood if hood fails to pass inspection, is damaged, or the individual can request to receive an agency-issued hood.



**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: HSW020..... Effective: January 12, 2011**  
**Subject: Protective Equipment**

- D. **Gloves** - All personnel shall wear gloves that are either issued by their agency or purchased by the individual. If purchased by the individual, the gloves shall resemble department-issued gloves or, if they do not, shall be approved for wear by agency administration. All firefighting gloves shall meet NFPA 1971, *Protective Clothing for Structural Firefighting*. Gloves shall be maintained in good condition by the individual and shall be inspected at least on a quarterly basis by an agency officer or designee. The individual shall be solely responsible for replacement of personal gloves if gloves fail to pass inspection or the individual can request to receive agency-issued gloves.
- E. **Helmet** - All personnel shall wear a helmet that is either issued by the department or purchased by the individual. If purchased by the individual, the helmet shall resemble department-issued helmets or, if it does not, shall be approved for wear by agency administration. All helmets shall meet current NFPA 1971, *Protective Clothing for Structural Firefighting*, at the time of purchase. Helmets shall be maintained in good condition by the individual and shall be inspected at least on a quarterly basis by an agency officer or his designee. The individual shall be solely responsible for replacement of personal helmets if helmet fails to pass inspection or the individual can request to receive an agency-issued helmet. Helmet identification shall include the following:
- (1) Title identifying rockers, and if applicable, unit number on either side of the helmet and/or a furnace plate, which designates county, rank, and unit number.
  - (2) Last name is allowed on the back brim (this is optional).
4. **Modification of Equipment:** Equipment shall not be modified in any manner and shall be maintained to meet NFPA 1971, *Protective Clothing for Structural Firefighting*. Gear not in compliance shall be taken out of service and repaired or replaced as needed. The FREM Revenue Recover/Health & Safety Officer reserves the right to inspect gear at any time to ensure compliance with NFPA 1971 and departmental policies.
5. **Responsibility for Equipment:** It shall be the individual's responsibility to reimburse their agency for any issued equipment that is lost, misplaced, or damaged due to negligence.
6. **Gear Cleaning:** Gear cleaning shall be conducted in compliance with applicable Occupational Safety and Health Administration (OSHA) standards (biohazard) and NFPA standards (hazmat, products of combustion, etc.)

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: STM010** ..... **Effective: January 12, 2011**  
**Subject: Emergency Vehicle Preoperational Inspections**

**Purpose:** All emergency vehicles designated for use by personnel will be thoroughly inspected prior to use to ensure their safety and readiness for service. The standard operating guidelines for emergency vehicle preoperational inspections are as follows:

1. Vehicles will be inspected at the beginning of each duty shift.
2. Personnel will utilize approved check sheets located in the fire/rescue stations.
3. Inspections will include vehicle checks such as oil, transmission, coolant, power steering, and windshield washer fluid levels; tire pressures; lights; flares; fire extinguishers; and warning devices. Advanced and basic life support equipment and supplies will be inspected for adequacy and proper operation. Fire apparatus and related equipment (Self Contained Breathing Apparatus, tools, etc.) will be checked in accordance with department-approved check sheets. All check sheets are located in the fire/rescue stations.
4. Any safety deficiencies will immediately be brought to the attention of the Attendant-In-Charge (AIC) or Officer-In-Charge (OIC) for resolution. The vehicle WILL NOT be operated by personnel until safety discrepancies have been corrected.
5. Shortages of supplies and equipment will be documented on appropriate checklists and replaced from available inventory. Supplies used on emergency calls will be replaced immediately upon returning to the station from the call. Checklists are located in fire/rescue stations.
6. Any mechanical problems found on ambulances will be documented on the checklist and a "Vehicle Service Request" form and both will be forwarded to the designated officer. In the case of mechanical problems with fire apparatus, the appropriate Battalion Chief, Chief, or Officer-In-Charge will be notified. All checklists and forms are located in fire/rescue stations.
7. All "Ambulance Unit Check Sheets" will be completed daily and forwarded to the designated station officer. All forms will be located at the station. "Fire Apparatus Check Sheets" will be kept on file in the station where that apparatus is normally housed.
8. Interior driving and patient compartments will be cleaned and disinfected at the beginning of each shift. Disinfection will be done after each response. Daily disinfection will be logged. The jump seat and cab areas on fire apparatus will be kept clean and free of trash.
9. Exteriors of vehicles will be kept in clean, presentable condition. Vehicles will be clean at the end of the duty shift, as staffing permits. If the duty shift runs past normal shift end, priority must be given to first ensuring the vehicle and all equipment is placed back in service.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: STM010 ..... Effective: January 12, 2011**  
**Subject: Emergency Vehicle Preoperational Inspections**

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10. Upon inspection of vehicles at the start of shift: If damage to a vehicle is noted, the Officer-In-Charge (OIC) shall immediately log the incident. If the vehicle or apparatus is unsafe to drive, then personnel are authorized to switch to another vehicle. In the case of a damaged ambulance, the AIC shall notify the station officer during the officer's duty shift. In the case of fire apparatus, the firefighter shall notify the station officer or acting officer. The property damage (after investigation) shall be documented by writing a statement of findings and conditions for submission to the station officer. If the investigation reveals abuse or misuse of a vehicle, appropriate action will be taken.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

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**SOG: STM015 ..... Effective: January 12, 2011**  
**Subject: Fire Apparatus, Ambulance, and Response Vehicle Operations**

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**Purpose:** All personnel will meet current age, agency, and insurance requirements, including successful completion of the Emergency Vehicle Operators Course (EVOC), and be released by the appropriate Battalion Chief, Rescue Chief, Fire Captain, or their designee, prior to operating any County- or volunteer-owned emergency vehicle.

**The following criteria apply to all vehicle operations:**

1. Seat belts shall be worn by all fire/EMS crewmembers when responding to or returning from emergency calls, as well as during non-emergency operations. Seat belts will be worn by patient attendants while en route to the hospital unless wearing of the seat belt would be detrimental to the welfare of the patient.
2. No driver will travel faster than 10 MPH over the posted speed limit regardless of the type of road being traveled. The actual driving speed will be based on actual road conditions. When conditions do not support exceeding the speed limit, units will travel at a safe speed. When driving through school zones, emergency responders shall not exceed the posted speeds. (Providers cannot provide assistance if they do not arrive.)
3. When responding with emergency lights, sirens, and horns, drivers will slow their vehicles in order to come to a full and complete stop at all red lights and stop signs, and as needed, at yield signs to ensure that all traffic has yielded the right-of-way to the emergency vehicle prior to proceeding with due regard to persons and property. The officer of the apparatus will operate the radios and sirens unless the driver is the only occupant and then he/she must operate the unit, radios, and sirens.
4. If additional information is received by the Dispatch Center advising the fire is out, the alarm activation is false, or the caller does not wish for the emergency responder to continue response, the first-due unit will continue to the scene under non-emergency conditions. All other units will be placed in service.
5. When multiple companies are dispatched to a fire call and the first-due unit arrives with nothing showing, the remaining units will immediately down-grade their response to non-emergency, unless otherwise directed by the first-due unit.
6. Response to public service calls (lockouts, lifting assistance, burn investigations, smoke investigations, etc.) will be handled by a non-emergency response unless the information provided by the Dispatch Center justifies an emergency response. Calls to assist law enforcement (specifically, calls that require the staging of units) will be handled by a non-emergency response unless information justifies an emergency response.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: STM015 ..... Effective: January 12, 2011**  
**Subject: Fire Apparatus, Ambulance, and Response Vehicle Operations**

7. The first-due fire station will provide emergency response to fire alarm calls, and the other units will respond non-emergency. If additional information is provided and requires that the response be upgraded, then Dispatch will share that information, and all units will provide emergency response.
8. Transporting of patients to the hospital should be performed either in emergency or non-emergency mode, depending on the condition of the patient. The Attendant-In-Charge (AIC) shall be responsible for making this decision based on the extent of the patient's injury/illness.
9. Sirens and emergency lights will be used together on emergency responses to warn pedestrians and/or to clear traffic. When on board an ambulance, the AIC will make the decision s whether or not to transport as an emergency or non emergency response.
10. There will be no use of tobacco products at any time in County or volunteer owned-and-operated vehicles. In particular, use of lit tobacco products in response vehicles carrying on-board, or portable USP oxygen is prohibited. Such use is defined as holding, carrying, inhaling, and exhaling a lighted cigar, cigarette, or pipe. Also, use of spit containers associated with tobacco products to include chewing tobacco and snuff are also prohibited. This prohibition also applies to the interior of all County-owned buildings. Inside volunteer-owned buildings, use of these products is permitted only in designated areas. This policy will not apply to response vehicles purchased by Spotsylvania Volunteer Rescue Squad.
11. Drivers shall NOT manually shift ambulances equipped with automatic transmissions. Fire apparatus operators shall turn off Jake brakes or engine retarders when roads are wet, icy, or snowy. These devices shall be operating in all other conditions.
12. After-Hours Response - If returning to quarters or in quarters completing end-of-day reports and a call is dispatched, County employees will respond unless a volunteer crew is available to respond.
13. Accidents: The FREM Chief, Volunteer Chief, or Rescue Chief will be notified of any motor vehicle accidents involving fire and rescue department vehicles. This notification will be made as soon as possible after the immediate needs of the incident have been met, such as treating any injured persons. If an accident occurs on private property, an officer must be notified to respond to the scene and assist in completing a report. Drivers involved in accidents will be subject to drug and alcohol screening and transported to an appropriate facility for such tests at the discretion of investigating officers.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: STM015 ..... Effective: January 12, 2011**  
**Subject: Fire Apparatus, Ambulance, and Response Vehicle Operations**

14. Backing of vehicles/apparatus:

- A. A spotter shall be used whenever emergency vehicles must be backed. The spotter shall direct the driver in a manner that will avoid obstructions in the path of travel.
- B. The spotter's areas of concern are the rear, the left and right sides, and those areas above and below the apparatus. There must be a clear understanding of what signals shall be used.
- C. When no one is available to spot a backing vehicle, the vehicle must be stopped and completely circled by the operator to see that there are no obstructions or other dangers before backing. The vehicle may then be cautiously backed while watching for vehicles, obstructions, and/or pedestrians that may enter the path of the moving vehicle.
- D. EMS vehicles with three-member crews shall use one person as a spotter whenever possible. EMS units with two people shall keep backing to a minimum when a patient is in the rear.
- E. Fire and EMS vehicles will use a spotter when apparatus is being backed into station bays.
- F. Once the vehicle is parked inside the bay, and the parking brake is set, the spotter may close the bay doors upon receiving the driver's signal.

15. Personally-Owned Vehicles (POVs):

POVs are to be operated in a responsible and legal manner in full compliance with the laws of the Commonwealth of Virginia while responders are en route to answer emergency calls. POVs shall not respond onto I-95. Exceptions would include a POV-operator already on the Interstate in the area.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

<b>SOG: STM025 .....</b>	<b>Effective: January 12, 2011</b>
<b>Subject: Flag Etiquette</b>	

**Purpose:** To provide general guidelines for the display, storage, and proper etiquette of the United States of America, State of Virginia, County of Spotsylvania, and Department flags.

**1. Flags**

- A. Flags will be displayed as described at all stations with appropriate means of displaying flags.
- B. Every station will display a minimum of the United States flag.
- C. Only approved flags should be flown. Currently only the United States of America, Commonwealth of Virginia, County of Spotsylvania, and Chancellor Fire and Rescue (only at stations 5, 6, 7, and 10) flags are approved.
- D. Flags shall be respected in the following rank:
  - (1) United States of America,
  - (2) Commonwealth of Virginia
  - (3) County of Spotsylvania
  - (4) Departmental

**2. Displaying Outdoors**

- A. The United States flag shall always be superior to any other flag and shall be at the peak of the staff unless ordered at half-staff.
- B. The United States flag shall not be of smaller size than any other flag it is displayed with.
- C. The ranking flag shall be displayed to its own right. The target audience should view the highest-ranking flag to the left.
- D. The viewing area is determined by facing the address side of the building.
- E. The flag should not be displayed on days when the weather is inclement, except when an all-weather flag is displayed. All County-issued flags are all-weather flags. However, even all-weather flags can be damaged by high winds and extreme conditions. Use your best judgment when determining whether a flag should remain flying during bad weather.
- F. Flags shall not be displayed on apparatus except in cases of special apparatus display.

**3. Raising/Lowering/Mourning**

- A. The United States of America flag should be raised briskly and lowered slowly and ceremoniously.
- B. If the flag is not properly illuminated, it should be displayed only between sunrise and sunset.
- C. The flag of the United States of America is saluted as it is hoisted and lowered. The salute is held until the flag is unsnapped from the halyard.
- D. When the flag is lowered, no part of it should touch the ground or any other object, and it should be received by waiting hands and arms. The flag should be folded neatly for storage.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: STM025 ..... Effective: January 12, 2011**  
**Subject: Flag Etiquette**

- E. During a period of mourning, the flags should be placed at half-staff. If flags are flown on a single staff, the United States flag shall be flown alone. If flags are on independent poles, they shall not be displayed higher than the United States flag or any ranking flag respectively.
- F. To place the flag at half-staff, hoist it to the peak for an instant and lower it to a position halfway between the top and bottom of the staff. The flag is to be raised again to the peak for a moment before it is lowered. On Memorial Day, the flag is displayed at half-staff until noon and at full staff from noon to sunset.
- G. The flag is to be flown at half-staff in mourning upon presidential or gubernatorial order.

- (1) Flag orders will be emailed by FREM Administration.
- (2) Check flag status at:  
<http://www.governor.virginia.gov/ourcommonwealth/flagstatus>.

**4. Displaying Indoors**

- A. When on display, the flag is accorded the place of honor, always positioned to its own right. Other flags should be to the left of the United States flag.
- B. The flag of the United States of America should be at the center and at the highest point of the group when a number of flags of states, localities, or societies are grouped for display.
- C. When displaying the flag against a wall, vertically or horizontally, the flag's union (stars) should be at the top, to the flag's own right, and to the observer's left.

**5. Acquiring Flags/Care and Maintenance/Storage**

- A. The flag should be cleaned and mended when necessary.
- B. Flags can be requested through FREM Administration by completing a Supply Request Form. After replacement flags are delivered, the old flags should be respectfully folded and returned to FREM Administration for proper disposal.
- C. If the flag is faded or tattered, a request for replacement should be filed as soon as possible.
- D. All flags should be folded for storage. The United States flag should never have any items placed or stored on top of the flag.
- E. United States Flag folding - Fold the flag in half width-wise twice. If done by two, then the blue field should be facing the bottom on the first fold. Fold up a triangle starting at the striped end and repeat until only the end of the union is exposed. Then fold down the square into a triangle and tuck inside the folds.
- F. All other flags should be folded in half width-wise, and then end-to-end until the flag is a manageable size.



**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

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**SOG: FIR010 ..... Effective: January 12, 2011**  
**Subject: Fire Streams**

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**Purpose:** This guideline shall apply to all fire and rescue incidents where hose lines must be deployed and water is used to control the situation. It was promulgated to: (1) establish guidelines for developing effective fire streams, and (2) establish guidelines for the proper placement of fire streams at a fire or rescue incident.

**1. General**

- A. Tactical success during firefighting operations depends to a large degree on the timely development and placement of adequate fire streams.
- B. For a fire stream to be adequate, sufficient pressures are needed to provide effective reach and flow. It is important to select hose lines and nozzles that provide sufficient volumes to meet fire flow demands.

**2. Hose Line Selection**

- A. Initial hose lines should be deployed based on the following:
  - (1) Hose of a sufficient size to meet the fire flow demand.
  - (2) The proper safety factor for personnel operating the line.
  - (3) Adequate personnel available to deploy the line effectively.
  - (4) Sufficient water supply to meet fire flow demand.
  - (5) The time required and work involved in deploying the fire stream.
- B. Stream comparisons:
  - (1) Initial hose streams will typically use pre-connected lines of 1-3/4" (1-1/2" is used primarily for trash or brush lines).
  - (2) 1-3/4" lines will normally be equipped with auto nozzles (At 100 psi, flows of 95 to 200 Gallons Per Minute (GPM) are available).
  - (3) 2-1/2" lines will normally have smooth-bore nozzles (At 50 psi, flows of 50 to 300 GPM are available, depending on tip diameter).
  - (4) For defensive operations, smooth-bore 2-1/2" nozzles are carried on all engine companies. Tips of 1" provide approximately 200 GPM and 1-1/8" tips provide 250 GPM at 50 psi.
  - (5) Deck pipes have stacked tips and at 80 psi are capable of delivering approximately:
    - 1-3/8"--500 GPM
    - 1-1/2"--600 GPM
    - 1-3/4"--800 GPM
    - 2"--1,000 GPM
    - 2-1/2"--1,660 GPM
  - (6) Portable master stream devices are equipped with both straight tips and 1,000 GPM fog nozzles.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: FIR010 ..... Effective: January 12, 2011**  
**Subject: Fire Streams**

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**3. Placement**

A. Order of deployment:

- (1) Place the first line between the fire and the victims to provide an escape route.
- (2) If there is no life hazard, place the first line between the fire and the most severe exposure.
- (3) Place the second line to support the first line or to protect a secondary means of egress.
- (4) Use a third line to support the Rapid Intervention Team (RIT).

B. Rules of placement:

- (1) Always attack structure fires from the unburned side.
- (2) The safest attack route in wildland fires is from the burned side.
- (3) Never combine offensive and defensive attack.
- (4) Use the direct attack method in interior operations--i.e. apply water on the base of the fire using 30-degree (narrow angle) fog streams.

**4. Defensive Fire/Exterior Attack**

- A. Large fires require large volumes of water. Whenever possible, avoid using hand-lines and opt for portable monitors and master streams instead.
- B. The best results are normally obtained from smooth-bore nozzles. They provide greater reach and penetration. Fog streams may be necessary in some cases to protect apparatus and personnel.
- C. Elevated streams:
- (1) Use to protect exposures.
  - (2) Use through windows.
  - (3) Never use in vent holes!

Directing an elevated stream through a properly made ventilation hole in a roof will negate the beneficial results of the vent. The stream will act as a cover that arrests ventilation, drives fire to other areas, and often forces firefighters out of the building. No defensive stream will be used in conjunction with interior fire attack operations.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: FIR015 ..... Effective: January 12, 2011**  
**Subject: Ventilation**

**Purpose:** This guideline applies to incidents involving structures and confined spaces where the prompt removal of smoke, heat, and other products of combustion is necessary to quickly and safely extinguish the fire.

**1. General**

- A. Prompt and efficient ventilation is necessary to mitigate the potentially harmful effects of smoke, heat, and other contaminants within structures and confined spaces.
- B. If unchecked, smoke and heat contribute to property damage and can injure or kill trapped victims.
- C. Smoke and heat also hinder firefighters in their efforts to perform search-and-rescue operations as well as suppression.
- D. Therefore, it is the policy of this department to provide prompt and proper ventilation in all buildings and confined spaces in which smoke, heat, or other products of combustion are present unless otherwise ordered by the Incident Commander.

**2. When to Ventilate**

- A. Ventilation shall always be performed whenever:
  - (1) Heat, smoke, and other products of combustion are present.
  - (2) Hose crews cannot effectively make an interior attack due to excessive heat and poor visibility.
  - (3) Heat, smoke, and other products of combustion block escape routes for the occupants of the structure.
- B. When performing ventilation, the following safety precautions should be observed:
  - (1) Read the smoke. Observe conditions that might indicate that the potential for flashover or backdraft is present.
  - (2) Never direct hose streams into ventilation openings.
  - (3) Always have charged hose lines in place prior to beginning ventilation.
  - (4) Maintain communications.
  - (5) Wear full protective clothing and Self Contained Breathing Apparatus (SCBA).
  - (6) Always consider structural soundness. Ensure secondary means of egress.
  - (7) Exercise caution whenever using power-saws, axes, and other sharp instruments.
  - (8) Firefighters should not continue operations on a potentially identified weakened roof.
  - (9) Remember that improper ventilation techniques may contribute to fire spread. Vent as close as safety allows directly over the fire area.
- C. Types of Ventilation
  - (1) Natural: Accomplished by making use of wind currents. Open the building on the leeward side to allow the smoke to escape, then open the windward side to provide fresh air currents.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: FIR015..... Effective: January 12, 2011**  
**Subject: Ventilation**

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- (2) Mechanical: Use of electric or gasoline-powered fans or blowers to evacuate smoke from a building or confined space.
  - (a) Negative Pressure: Exhaust smoke from the building.
  - (b) Positive Pressure: Blow fresh air into the building to force the smoke out.
- (3) Horizontal: Generally inflicts less damage to the building than vertical ventilation, since it is typically accomplished through available portals such as doors and windows.
- (4) Vertical: May also take advantage of natural building features, such as skylights, shafts, and rooftop stairways. Many times, the only option is to cut ventilation openings into the building itself.
- (5) Hydraulic: Ventilation created through use of fog streams which are directed through an exterior wall opening, such as an open window.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: FIR020..... Effective: January 12, 2011**  
**Subject: Support of Automatic Sprinkler Systems**

**Purpose:** This guideline regulates emergency operations in buildings equipped with automatic fire sprinkler systems. It was promulgated to: (1) establish guidelines for emergency operations in buildings equipped with automatic fire sprinkler systems; (2) ensure that automatic fire sprinkler systems are properly supported so that they perform as designed; and (3) ensure that activated automatic fire sprinkler systems are restored to service properly after the fire has been extinguished.

**1. General**

- A. It shall be the policy of this department to support and supplement automatic fire sprinkler systems that have activated during a fire.
- B. It shall be the responsibility of all officers, operators, and acting officers to know which buildings within the county are equipped with automatic fire sprinkler systems and to be familiar with the location of fire department connections and control valves.
- C. Each fire company shall be provided with an updated list of automatic fire sprinkler systems and shall carry the list on their apparatus.

**2. Operations**

- A. System Support:
  - (1) The second-due engine company should lay a supply line to the Fire Department Connection (FDC) and then supplement the system by pumping two 2-1/2" or 3" lines or one 4" line to an adaptor.
  - (2) Pumping Pressure:
    - a. The supplying engine should pump 150 psi at the fire department connection plus 5 psi per floor in multiple-story buildings.
    - b. More water may be required depending on the number of heads operating, building size and height, etc. Engine companies shall adjust pressures accordingly.
  - (3) The engine company supporting the system shall not be used for hand lines or other similar operations.

**3. System Restoration**

- A. The system should not be shut off until the fire is extinguished, and only then by order of the Incident Commander. The member shutting off the system shall remain at the control valve until relieved by the Incident Commander.
- B. Prior to shutting off the system, the water flow may be stopped by using sprinkler wedges. Each fire company shall be issued sprinkler wedges.
- C. Before leaving the scene, ensure that the system is placed back into service or that a fire watch is being established by the facility manager.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** FIR025 ..... **Effective:** January 12, 2011  
**Subject:** Standpipe Operations

**Purpose:** This guideline applies to the management of incidents in buildings equipped with standpipe systems.

**1. General**

- A. It shall be the policy of this department to use standpipe systems, when provided, to support interior firefighting operations. In buildings equipped with standpipes, the following operations shall be performed:
- (1) At least one engine company from the initial-alarm assignment shall lay a supply line and support the standpipe system by pumping at least two 2-1/2" or 3" lines, or a 4" line to an adaptor with two 2-1/2" or 3" connecting lines, into the standpipe connection. A minimum of 25 psi should be supplied to the standpipe connection for friction loss. Add five psi for each additional floor.
  - (2) All interior operations shall be conducted using fire department hose. (Facility hose is of unknown condition and reliability.) The first line shall be connected below the fire floor, or two floors below, for large fire conditions. Additional lines may be added as needed.
  - (3) A check shall be made to ensure that all water supply valves are open and that the fire pump, where provided, is operating properly. A secondary check shall be made to ensure that all hose outlets not in use are closed.
  - (4) A lobby control shall be established at the point of entry and no unauthorized persons shall be admitted. The names of all persons entering shall be recorded as well as their time of entry and exit.
  - (5) In high-rise buildings, an interior staging area shall be established on a floor below the fire floor. Reserve personnel and equipment shall be assembled and shuttled to crews operating on the fire floor.
  - (6) At minimum, the initial attack crews shall take the following equipment into the building:
    - a. Appropriate protective equipment and Self Contained Breathing Apparatus (SCBA).
    - b. Standpipe hose packs along with the appropriate adaptors and spanner wrenches.
    - c. At least one ax, one pike pole, one pry bar, rope, handlights, portable radios, and any other equipment the Company or Incident Commander may deem appropriate.
    - d. Equipment assignments:
      - Officer: SCBA, portable radio, handlight, thermal imaging camera
      - Firefighter: SCBA, hose pack, irons.
      - Other equipment might be taken as the crew size varies or as ordered by the Incident Commander.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: FIR025 ..... Effective: January 12, 2011**  
**Subject: Standpipe Operations**

- (7) The Incident Commander shall immediately cause proper ventilation and lighting operations to commence to adequately support interior rescue and firefighting efforts.
- (8) As soon as possible, efforts should be made to provide an adequate and continuous supply of air for all SCBA.
- (9) All other operations shall be conducted per established Standard Operating Guidelines (SOGs) and tactical guidelines.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: FIR030 ..... Effective: January 12, 2011**  
**Subject: Airport Response**

**Purpose:** This guideline shall regulate responses to aircraft incidents in Spotsylvania County.

**1. Response Procedures**

- A. Dispatch operators shall obtain the following information, whenever possible, prior to dispatching apparatus to an incident involving an aircraft at an airport:
  - (1) The nature of the emergency.
  - (2) The exact location if the aircraft is down. If the aircraft is aloft or did not make it to the airport:
    - a. Its distance from the airport and its Estimated Time of Arrival (ETA).
    - b. Its direction of travel.
  - (3) The size of the aircraft.
  - (4) The number of passengers and the nature of the cargo.
  - (5) The equipment required.
  - (6) If a military aircraft, the type of ordinance on board.
  - (7) Other pertinent data.
- B. Response:

The following equipment shall be dispatched to an aircraft emergency:

  - (1) The closest engine company with foam and extrication equipment. In the event of an actual crash, dispatch a full first-alarm assignment.
  - (2) The nearest available ambulance.
  - (3) Respond a fill-in or standby to the station nearest the airport. The engine will respond to the airport in the event of a crash if requested by the Incident Commander.
  - (4) The Emergency Management Coordinator shall be dispatched to all actual crashes.
  - (5) Responses for standbys are to be non-emergency if the aircraft is more than 15 minutes away from the airport.
- C. Staging:
  - (1) Stage emergency vehicles on the aircraft parking ramp, remaining well clear of the runway area.
  - (2) If the emergency occurs at night, turn off the warning lights while the emergency vehicles are stopped in the staging area. Flashing lights can be confusing and disorienting to the pilot, especially in fog or haze.
- D. Command:
  - (1) The Incident Commander shall respond to the terminal and establish a command post there.
- E. Radio Traffic
  - (1) The Incident Commander will coordinate with airport personnel to establish the nature of the emergency and location of the aircraft. Communications with the aircraft should not use complicated terminology. All aircraft communication is done in plain English.



**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

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**SOG: FIR030 ..... Effective: January 12, 2011**  
**Subject: Airport Response**

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- (2) The fire department's role during an aircraft emergency is to provide the pilot with any information he may request or information you feel he needs to know about the airport or the surrounding area. This will help the pilot make the best possible decision as to whether to land there or to divert.
- (3) Remember, the pilot is the final authority as to the outcome of the aircraft's flight. We do not have the authority to tell a pilot what to do with his aircraft. If the aircraft crashes, then we are in command of the scene.
- (4) The pilot only needs to know the general direction (magnetic, not true) that the wind is blowing from to help him decide which runway to use: North, Northeast, East, Southeast, South, Southwest, West, or Northwest. Since runways are named for their orientation with respect to magnetic north, not true north, surface wind information transmitted to a pilot must be based on its magnetic direction.
- (5) The wind speed can be estimated by observing the wind sock located somewhere on the airport. If the wind is blowing at 15 knots or faster, then the wind sock will stand straight out. A 10-knot wind will hold the wind sock about midway from horizontal.
- (6) If the pilot requests services that your department cannot provide, such as high-expansion foam on the runway, either provide him with the radio frequencies for those who can provide the necessary emergency equipment or attempt to locate the equipment for him.

**2. General Information**

- A. Almost all small single-engine and twin-engine airplanes have a cabin door on the right side. Small high-wing airplanes usually have doors on both sides. Larger twin-engine aircraft and small business jets have an entrance door on the left side. Small helicopters tend to have doors on both sides. Large helicopters vary according to purpose.
- B. All airplanes carry fuel in the wings. Some have fuel tanks in the belly.
- C. While working around a propeller-driven aircraft, do not stand within the arc of the propeller. If the propeller is rotated only part of revolution, the engine may fire, causing severe injury.
- D. Note: Some jet aircraft use an acid-based hydraulic fluid that is caustic-so use caution.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

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**SOG:**     **FIR035** ..... **Effective: January 12, 2011**  
**Subject:** **Motor Vehicle Fires**

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**Purpose:** This guideline was promulgated to ensure the safety of members involved in suppressing motor vehicle fires.

**1. General Guidelines**

- A. The number and variety of motorized vehicles increases each day. It is impossible to completely identify all the problems that might be encountered while extinguishing such a fire. Nevertheless, some commonalities do exist, and the general guidelines of this guideline should be followed when combating a fire in a motorized vehicle.
- B. The Incident Commander should always remain cautious and assume the worst until he can be certain that conditions are safe. For example, if a burning vehicle is placarded as transporting a hazardous material, assume that the incident is a HAZMAT incident until it can be ascertained that no HAZMATS are burning or have been released. Seek information from drivers and shipping papers on cargo.
- C. If the fire appears to be the result of an accident, the Incident Commander should consider the mechanism of the accident in developing his strategy for managing the incident.
- D. The first priority is the safety of the firefighters, rescue workers, victims, and spectators. The Incident Commander must assume that someone is trapped in the burning vehicle until having ascertained that all of the occupants of the vehicle have gotten out. If spectators are present, remove them to a safe distance. Do not place firefighters and rescue workers in unnecessary danger. Remember, do not risk a lot for a little.
- E. It is important to control the flow of traffic. The need to minimize the disruption of traffic in heavily congested areas must be balanced by the need to provide for the safety of firefighters and rescue workers. Whenever possible, direct traffic away from the incident.

**2. Procedures**

- A. Apparatus placement:
  - (1) Position apparatus upwind and uphill from the burning vehicle. This will keep the crew out of the smoke and prevent leaking fuel from running underneath the apparatus.
  - (2) Apparatus should not be parked closer than 100 feet from the burning vehicle whenever traffic conditions permit. If the burning vehicle is labeled as transporting a hazardous material, increase this distance based on the recommendations of the Department of Transportation's (DOT) Emergency Response Guidebook.
  - (3) The driver should position the apparatus to block at least one lane of the road to create a barrier between the firefighters and oncoming traffic. Ideally, the angle of the apparatus will allow the driver to view the burning vehicle from the pump operator's position and not expose the driver to oncoming traffic.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: FIR035 ..... Effective: January 12, 2011**  
**Subject: Motor Vehicle Fires**

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- (4) Secure sufficient room for an ambulance, additional apparatus, or a medevac helicopter in case additional resources are needed.
- B. Safety Precautions:
  - (1) Personal Protection Equipment: Members engaged in firefighting and rescue efforts shall wear full protective clothing and Self Contained Breathing Apparatus (SCBA). Protective clothing shall not be removed until the possibility of re-ignition has been removed. The presence of broken glass and other sharp objects mandates that personnel wear gloves and other safety equipment to prevent the possibility of injury even after the fire has been extinguished.
  - (2) Stabilize the burning vehicle as soon as possible to prevent movement. This may be accomplished in a variety of ways, such as using wheel chocks, cribbing, a winch, etc.
  - (3) If it becomes necessary to open the hood, a hatch, or other opening to make a rescue or extinguish a fire, prop open the hood or hatch to prevent accidental closing due to the failure of a spring rod, or compressed cylinder.
  - (4) De-energize the vehicle as soon as possible by disconnecting the battery. Take care to prevent sparks in the event flammable or combustible vapors or fluids are present.
  - (5) If the operation takes place in darkness, illuminate the scene properly. Operating members should wear turnouts or other clothing with reflective materials to minimize the risk of being struck by other vehicles, including apparatus.
  - (6) Also consider the impact of strobes and other warning lights on visibility. Use directional light if possible.
  - (7) Firefighters and rescue workers should also be aware of the hazards associated with air bags, energy-absorbing bumpers, downed or overhead power lines, hollow drive shafts, high-pressure hoses on power steering air conditioning systems, air-suspension systems, and the danger of exploding tires equipped with split rims, such as the wheels used on larger vehicles and some pickup trucks.
  - (8) Establish an adequate water supply. Hose streams should be adequate for the volume of fire. Typically, the minimum size deployed should be a 1-3/4". Approach the burning vehicle from upwind whenever possible. (Some trash and brush lines may be 1-1/2" diameter. Booster lines are typically used for brush fires.)
  - (9) Never stick your head inside a vehicle while it is still burning, and never crawl under a vehicle to extinguish a fire.
  - (10) A variety of combustible metals are used for engine blocks, wheels, and other components. These may react adversely with water and may require the use of specialized extinguishing agents.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: FIR035 ..... Effective: January 12, 2011**  
**Subject: Motor Vehicle Fires**

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**C. Fuel Spills:**

- (1) A fuel tank may be punctured during an accident or may fail during a fire, thereby causing a spill or runoff. Take precautions to contain the spill and prevent environmental damage. If the fuel has not ignited, take steps to minimize the chance of ignition.
- (2) A variety of fuels are used in motor vehicles. Of particular concern are Liquid Natural Gas (LNG) and Liquid Petroleum Gas (LPG). A leak involving either of these fuels poses special problems, as does the possibility of a fuel tank rupture due to flame impingement. It is critical that these vessels be cooled during a fire.
- (3) Do not remove the fuel tank cap until you are absolutely certain that there is no excess pressure in the tank.
- (4) Do not turn your back on a burning vehicle, and keep charged hose lines available after extinguishment in the event of re-ignition.
- (5) Prohibit smoking.
- (6) Prevent sparking from tools, saws, etc.
- (7) A fuel leak may be controlled by using lead wool, soap, wood plugs, etc., or by turning off the fuel valves on an LNG or LPG tank.

**D. Ethanol Fires**

- (1) Tank trucks or trains carrying large amounts of ethanol or high percentages of ethanol-enriched fuel will require Alcohol Type Concentrate (ATC) foam for extinguishment.

**E. Recommendations**

1. Automobile dealerships are great resources. Personnel should visit them regularly and familiarize themselves with the features of new models. Unfortunately, many of the features that make vehicles safer for the motoring public pose unique hazards for firefighters.
2. Traditionally, the motor vehicle fire has been considered by firefighters to be routine as such. A re-examination of our attitudes and perceptions is in order. Vehicle fires are increasingly dangerous, and firefighters should not become complacent about them.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: FIR040 ..... Effective: January 12, 2011**  
**Subject: Wildland Fires**

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**Purpose:** This guideline was promulgated to regulate the management of incidents involving ground cover in the wild land/urban interface.

**1. Definitions**

- A. Anchor Point: A term associated with attack methods, referring to an advantageous location, usually one with a barrier to fire spread, from which to start constructing a fire line. Used to minimize the chance of being outflanked by the fire while constructing the fire line. Most anchor points originate at or near the area of origin.
- B. Backfiring: Intentionally setting fire to fuels inside the control line to reduce fuel and contain a rapidly spreading fire. Used in the indirect method only.
- C. Brands: Pieces of burning debris carried aloft into the convective column. May be carried outside the perimeter of the main fire by wind, causing spot fires.
- D. Brush: Shrubs and stands of short, scrubby trees generally three to twenty feet in height.
- E. Bulldozer Line: A fire line constructed by a bulldozer. Also called a plow line.
- F. Control Line: A term used for all constructed or natural fire barriers used to control a fire.
- G. Crown Fire: Any fire that advances from top-to-top of trees or brush that is more or less independent of the surface fire.
- H. Fire Line: The part of a control line that is scraped or dug down to mineral soil. Normally only used in wooded areas. Generally not used on grass fires.
- I. Fire Perimeter: The entire length of the outer edge of the fire.
- J. Head of a Fire: The most active part of a wildland fire.
- K. Heavy Fuels: Fuels of large diameter, such as logs, snags, and large tree limbs. These ignite slowly and burn slowly but produce a large amount of heat.
- L. Mop-up: After the fire has been controlled, all actions required to make the fire "safe." This includes trenching, falling snags, and checking all control lines.
- M. Rear of Fire: The portion of a fire opposite the head. The slowest burning part of a fire.
- N. Wildland/Urban Interface: Where native vegetation comes in contact with structures and other man-made fuels.

**2. Response to Wildland Incidents**

- A. Small (Less than one acre): At minimum, all reports of wildland fires shall receive an initial response of one structural engine company and one brush unit.
- B. Large (One acre or more): The total response on a Large incident shall consist of at least two structural engine companies, two brush units, a tanker, a medic unit, and a request for a forestry bulldozer.
- C. Large, Rapidly Spreading: The total response on a Large, Rapidly Spreading incident shall consist of at least three structural engine companies; three brush units; two tankers; a medic unit; and a bulldozer from the Forestry Service, Utilities, General Services or some other source.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: FIR040 ..... Effective: January 12, 2011**  
**Subject: Wildland Fires**

---

**D. Staffing Levels:**

- (1) Structural Engine: A minimum of three personnel to include but not limited to one officer, one driver, and at least one firefighter. At minimum, one crew member should have EMS training.
- (2) Brush Unit: Staffing will vary based on the availability of personnel and seating capacity of apparatus. A rule of thumb should be one member per door--i.e., a two-door cab equals two personnel; a four-door cab equals four personnel when available.
- (3) Apparatus from the same station: Stations with both a brush unit and a structural engine will be primarily responsible for responding their brush unit to wildland fires. It may be necessary to respond the engine as well to safely transport the entire crew. In such cases, the engine will not be considered to be the structural engine unless at least five members are able to respond from that station on the initial call.

**3. Operational Procedures**

- A. Direct attack: Personnel and resources work close to the fire's edge for extinguishment. Best to use on small, slow moving fires with light fuels.
- B. Indirect attack: Uses natural barriers and backfiring.
- C. Parallel attack: Made by hand crews and bulldozers when intense heat or fire spread precludes direct attack. Back off five to 50 feet and parallel the flank.

**4. Safety Precautions**

- A. The level of protective clothing to be used shall be determined by the Incident Commander but shall include as a minimum:
  - (1) Department-issued National Fire Protection Association (NFPA) approved wildland helmet, gloves, pants and shirt, hood, and boots.
  - (2) If not in department-issued wildland turnout gear, personnel shall wear a helmet, gloves, boots, appropriate duty wear clothing (structural turnouts, except coat. This includes helmet, hood, boots, long-sleeve shirt, turnout pants, goggles, and gloves.)
- B. Eye and respiratory protection shall be worn as conditions warrant.
- C. EMS personnel shall closely monitor all personnel to prevent heat exhaustion, dehydration, etc. A rehab sector shall be established whenever appropriate.
- D. The Incident Command System shall be used whenever more than three companies operate at an incident.
- E. Standard fire orders:
  - (1) Keep informed of weather conditions.
  - (2) Know what your fire is doing at all times.
  - (3) Base your actions on current and expected fire behavior.
  - (4) Plan escape routes for everyone and make them known.
  - (5) Post a lookout when there is possible danger.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG:     FIR040 ..... Effective: January 12, 2011**  
**Subject:   Wildland Fires**

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- (6)    Be alert, keep calm, think clearly, and act decisively.
- (7)    Maintain good communications at all times.
- (8)    Give clear instructions and be sure they are understood.
- (9)    Maintain control of your personnel at all times.
- (10)   Fight the fire aggressively, but provide for safety first.
- (11)   On grass fires, fight the fire from the burned area whenever possible.
- (12)   Guard against getting your apparatus stuck in soft terrain. Structural engines should not leave the roadway.
- (13)   Incidents involving or occurring on Federal property will require coordination with the National Park Service.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG:** EMS010 ..... **Effective:** January 12, 2011  
**Subject:** Routine Transports

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**Purpose:** To establish standard operating guidelines for routine transports as follows:

1. EMS agencies operating in Spotsylvania will not transport routine direct admits. Referral may be made to a private ambulance service.
2. Also, EMS personnel will not respond to mutual aid calls for routine transports.
3. In the event a response to an emergency call results in a direct admit, the AIC will complete a "Direct Admission Report." "Direct Admission Report" forms are located in the rescue stations and the completed documents will be forwarded to the appropriate officer.



**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: EMS015 ..... Effective: January 12, 2011**  
**Subject: Patient Treatment Documentation**

**Purpose:** To establish documentation guidelines for all health care providers.

All ambulance responses will be documented on the standard State of Virginia "Pre-hospital Patient Care Report" (PPCR). Pre-hospital Patient Care Reports are located in the rescue stations. Standard Operating Guidelines (SOGs) for documentation are as follows:

1. The ambulance crew is responsible for the proper completion of the document germane to each EMS response.
2. The form will be completed in accordance with the guidelines of the Pre-Hospital Patient Care Report.
3. Once completed, this record is a legal document which may be subpoenaed for use in litigation or courts of law. The healthcare provider must ensure data records accurately reflect signs, symptoms, and events that occurred on the scene, and not the technician's suppositions or beliefs. All abbreviations will be kept to a minimum. Use complete sentences and keep language neat, simple, and legible.
4. EMS providers will utilize the following Virginia Office of EMS agency numbers:

Spotsylvania County Department of Fire,	Agency Number 573
Rescue, and Emergency Management	
Spotsylvania Volunteer Fire Department	Agency Number 573
Chancellor Volunteer Fire and Rescue	Agency Number 1248
Spotsylvania Volunteer Rescue Squad	Agency Number 276
5. Individuals involved in the transport and treatment of the patient must be identified in the record.
6. Upon completion of a duty shift, all records must be completed and uploaded to the data system.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: EMS020 ..... Effective: January 12, 2011**  
**Subject: Response to Potential Violence Calls**

**Purpose:** To establish guidelines for all personnel when responding to violence calls as follows:

1. While en route, the Attendant-in-Charge (AIC) or Officer on the fire apparatus will request to know the status of the Sheriff's units responding to the scene.
2. Personnel will not enter or approach the scene until cleared to do so by law enforcement authorities. Responding fire and rescue personnel will turn off all emergency warning lights and devices as they approach the designated staging area unless safety dictates otherwise. Stage at a prudent distance if law enforcement has not yet secured the scene. Keep radio broadcast of your staged location to a minimum. Advise dispatch of your staging status and await law enforcement clearance to proceed into the scene.
3. After entering the scene, use extreme care not to disturb any forensic or physical evidence which may not have been recovered by law enforcement authorities prior to the arrival of EMS and/or fire personnel.
4. Always maintain security and safety for yourself, your partner, and your crew.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

<b>SOG:</b>	<b>EMS025 .....</b>	<b>Effective: January 12, 2011</b>
<b>Subject:</b>	<b>Medical Protocols</b>	

**Purpose:** To establish guidelines for all personnel when responding to medical calls:

1. EMS providers shall follow all current Medical Protocols as established by the Rappahannock EMS Council, and published in the Rappahannock EMS Council Medical Protocols.
2. A copy of the current protocols will be maintained on all agency EMS vehicles operating within Spotsylvania County.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG:** EMS030 ..... **Effective:** January 12, 2011  
**Subject:** Medication/Supply Exchange

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**Purpose:** The purpose of this standard operating guideline is to identify the process for the acquiring, storage, security, disposal and exchange of Advanced Life Support (ALS) medications herein referred to as Medication/Narcotics bag.

**1. Goal**

Effectively address the various issues regarding the safety, security, access, disposal, and exchange of controlled substances carried aboard fire and rescue ALS-permitted field units.

**2. Policy**

Spotsylvania County Fire, Rescue, and Emergency Management; Spotsylvania Volunteer Rescue Squad; and Chancellor Volunteer Fire and Rescue pre-hospital ALS providers released to practice by the Rappahannock Emergency Medical Services Council (REMSC) are responsible for the safety, security, disposal, and exchange of all medications authorized for pre-hospital emergency care. This policy shall meet the requirements of the Virginia Pharmaceutical Board, Virginia Office of Emergency Medical Services (VOEMS), and REMSC. Providers from all the County agencies shall utilize this policy as written.

**3. Security/Storage**

- A. A medication/narcotics bag shall be maintained within a locked medication compartment on board each the ALS-permitted vehicles.
- B. When the medication/narcotics bag is removed from the medication compartment, it must be maintained under the control of a released ALS provider.
- C. In addition to being stored in the medication compartment, the medication/narcotics bag shall have in place a numbered seal, provided by the hospital pharmacy, which prevents entry to the medication/narcotics bag without breaking the seal.
- D. Spotsylvania County Fire, Rescue, and Emergency Management shall be responsible for the issuance, control, and documentation of all medication compartment keys issued to ALS providers. Technicians can request medication compartment keys by providing proper documentation of a successful field internship at the respected level and Release-to-Practice Letter from REMSC.
- E. Lost or missing keys shall be immediately reported to the on-duty station officer. If the situation requires and/or at the officer's discretion, a criminal investigation will be performed by the Spotsylvania Sheriff's Office.
- F. An ALS field vehicle that must have its medication/narcotics bag removed from service (i.e. due to maintenance, accident, etc.) shall have the medication/narcotics bag removed by a released ALS provider and secured on the replacement vehicle or in a lockable storage unit in the station.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG:** EMS030 ..... **Effective:** January 12, 2011  
**Subject:** Medication/Supply Exchange

---

- G. Spotsylvania County Fire, Rescue, and Emergency Management shall follow the Virginia Pharmacy Regulations for proper storage and security of all medications. Agencies and providers are responsible for ensuring all medications and intravenous (IV) fluids are stored in such a manner that they will not undergo extreme temperatures or extreme temperature changes.

**4. Narcotic Medications**

- A. All narcotic medications will be maintained in a numbered sealed transparent bag provided by the appropriate medical facility.
- B. The narcotics bag will be stored in the medication/narcotics bag on board field vehicles.
- C. Narcotic bags will **ONLY** be exchanged by the charge nurse in the Emergency Department (ED). A copy of the Pre-hospital Patient Care Report (PPCR), medication waste, signature if applicable, and medical doctor's signature will accompany the narcotic bag during the exchange process.
- D. Any un-used, drawn up narcotic medications shall be wasted in front of a qualified witness (i.e. another released ALS provider, ED paramedic, or Registered Nurse) and be documented and signed on the PPCR.
- E. Narcotic/medications shall be inventoried weekly and documented on the "Medication Inventory Control Form."
- F. Any missing or lost narcotic medications shall be reported immediately to the on-duty station officer and Chief Officer for investigation. Missing or lost narcotic medications will be reported to Law Enforcement in the jurisdiction they were first reported missing or lost. The issuing hospital pharmacy and REMSC will also be notified.

**5. Medication Inventory/Exchange**

- A. Each medication/narcotics bag will have a corresponding medication binder stored with the medication/narcotics bag on board the field vehicles at all times.
- B. All transactions involving the inventory, exchange, and any discrepancies for the month shall be noted on the appropriate forms and kept on file in this binder.
- C. Mandatory medication/narcotics bag inventory will be performed each week for the duty unit. Both career and volunteer ALS providers are responsible for completing this weekly inventory. The inventory will include the quantity of medication, expiration dates, and any discrepancies found. The "**Medication Inventory Control Form**" shall be completed at that time and stored in the medication binder. Any discrepancies will be noted on this form and reported to the on-duty station officer.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: EMS030 ..... Effective: January 12, 2011**  
**Subject: Medication/Supply Exchange**

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- D. With reference to any time the medication/narcotics bag seal is broken and a new seal is applied: This action will be recorded in the "**Medication Daily Seal Log**" form located in the medication binder.
- E. Medications other than those contained in the medication/narcotics bag will be exchanged in the appropriate system in the squad room of each medical facility.
- F. Medications will be exchanged a minimum of 15 days prior to the expiration date.
- G. Limited IV/IO (Intraosseus) supplies will be stored in the medication/narcotics bag outside zipper compartments for immediate use. However, these compartments will not have a numbered seal and must be checked on a daily basis. Spare IV supplies will be carried/stored in the medication compartment or other lockable compartment in the ALS-permitted field vehicle.
- H. Nitroglycerin bottles once opened will be initialed with the date opened. Nitro bottles will be replaced after 60 days or when the inventory falls below 6 tablets. There is no need to replace the entire bottle of medication after every use.
- I. In the event an ALS provider is unable to gain access to the Accudose Pyxis System to replace medications, the ALS provider shall utilize the hospital pharmacy for the exchange.

**6. Training/ Implementation**

- A. A list of released ALS providers will be submitted to the appropriate medical facility. Each ALS provider will have their own username and password to access the Accudose Pyxis System for medication exchange.
- B. A hospital representative/liaison will schedule/conduct a mandatory Accudose Pyxis System training and demonstration class and ensure attendance by all released ALS providers. This class will allow each provider to access the system and set their own password. The hospital representative will be able to entertain any individual questions providers may have.
- C. Any ALS provider who does not attend this mandatory training will not be allowed to practice or be given a username and password.
- D. In-station training on the new medication/narcotics bags will be on an individual basis. Providers shall become familiar with the bag set-up and location of medications and IV supplies. Providers shall also review the medication binder, weekly inventory forms, and SOGs regarding the One-for-One Medication Exchange Program.

SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES

---

**SOG:** EMS030 ..... **Effective:** January 12, 2011  
**Subject:** Medication/Supply Exchange

---

- E. The One-for-One Medication Exchange Program will be implemented after all providers have attended a Training Class, and all medication/narcotics bags are stocked and ready for service.
- F. Each agency will have an appointed liaison for maintenance of personnel within the Accudose Pyxis System. This person will work with Information Services at the hospital to assist providers in troubleshooting, adding and removing providers, and any other issues that may arise.
- G. Should a provider be unable to access the Accudose Pxysis Machine or have any issues with his/her username and password, he/she can contact the Information Services staff responsible for that medical facility. The phone number can be found on the Accudose Pxysis Machine.

**7. Discrepancy/Discipline**

- A. Medication discrepancies will be reported by submitting a completed ***Medication Inventory Control Form*** to the station officer. The station or Chief Officer will follow his/her chain-of-command.
- B. The Chief Officer or designee will deal with all discrepancies that may result in disciplinary action of field personnel.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** EMS035 ..... **Effective:** January 12, 2011  
**Subject:** Patient Refusals

**Purpose:** This Standard Operating Guidelines (SOG) defines the requirements to be followed by EMS personnel when a patient refuses treatment or transport.

1. In all cases where the patient refuses treatment and/or transport, the refusal will be documented on the Pre-Hospital Patient Care Report (PPCR).
2. The technician will make every reasonable effort to obtain the patient's signature on the form after performing the following steps:
  - A. Explain the possible consequences of the refusal of the patient,
  - B. Explain the need for treatment to the patient, and
  - C. Explain the refusal statement to the patient.
3. After completion of the above steps, if the patient still refuses treatment or transport and refuses to sign the form, attempt to obtain the signature of a family member. If this is refused, thoroughly document the refusal.
4. If personnel feel that an appropriate refusal cannot be obtained due to inappropriate responses, assistance should be requested from the Sheriff's Office.
5. Notify Mary Washington Hospital Medical Control on the Hospital Emergency Ambulance Radio (HEAR) and notify the emergency room doctor of the situation, if appropriate, for further advice.
6. After clearing the scene, notify dispatch of the refusal. This action will ensure that the refusal and circumstances [i.e., Against-Medical-Advice (AMA) are documented on tape].



**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** EMS040 ..... **Effective:** January 12, 2011  
**Subject:** Restraint of Violent Patients

**Purpose:** This Standard Operating Guidelines (SOG) provides guidelines to be followed by personnel in the event a violent or potentially violent patient must be transported to an emergency facility.

1. Patients will be restrained (as required to prevent them from injuring themselves or injuring emergency care providers) prior to placing them in an ambulance for transport.
2. Only minimal restraints will be used to the degree necessary to safeguard the patient and crew from injury.
3. Incidents where restraints are recommended are as follows:
  - A. Drug overdoses where patient is unconscious;
  - B. Obviously-intoxicated patients who are violent;
  - C. Trauma victims who are violent (i.e. head injuries); and
  - D. Any patient who in the opinion of the Attendant-In-Charge (AIC) may pose a threat to himself or EMS personnel.
4. The following procedures will be followed:
  - A. Safeguard yourself and the patient;
  - B. Request by radio that a deputy be dispatched to the scene--if they have not already been dispatched;
  - C. Do not attempt to subdue a violent patient until adequate assistance is on the scene; and
  - D. Patient restraints will consist of soft materials such as towels, sheets, etc.
5. In the event a patient is restrained, the event will be thoroughly documented on the Pre-Hospital Patient Care (PPCR) form.
6. If appropriate and there will be no delay, a law enforcement officer may be requested to ride with or follow the ambulance.
7. If subject is in custody of law enforcement, an officer will accompany the patient in the ambulance to the hospital.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG:** EMS050 ..... **Effective:** January 12, 2011  
**Subject:** Transport of Prisoners for the Sheriff's Office

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**Purpose:** This Standard Operating Guideline (SOG) provides guidance to be followed by personnel when it is necessary to transport a prisoner.

1. If it becomes necessary to transport a patient from the Sheriff's Office (holding cells), the following procedures will apply:
  - A. Determine if emergency is life threatening or non-life threatening.
  - B. Advise person in charge of your determination.
  - C. The patient will be transported to the appropriate hospital.
  - D. Law enforcement will provide an officer to accompany the patient to the hospital.
2. Prior to loading the patient, the Attendant-In-Charge (AIC) will ensure that the patient is fitted with handcuffs and leg irons if required and that a deputy is available to accompany the patient to the hospital. The patient will not be moved from the security facility until this has been accomplished.
3. The mileage of the ambulance will be called in to the dispatcher before leaving the scene and called in again upon arrival at the hospital.
4. For other instances in which patients may be transported after being detained by law enforcement (i.e. Temporary Detention Order (TDO), the AIC should consult with an on-scene law enforcement officer to determine how the individual will be transported. In-custody (cuffed) patients require an on-board law enforcement officer.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** EMS055 ..... **Effective:** January 12, 2011  
**Subject:** Patient Transfer

**Purpose:** This Standard Operating Guidelines (SOG) is established to effect timely, efficient, and continuous health care to a patient during his/her transfer of care from Spotsylvania providers to hospital staff. The following procedures will ensure the proper transfer of care and expeditious return of emergency response units to an in-service status within the County. It will also allow tracking of turnover times which will assist in determining the reasons for any prolonged turnover times.

1. Turnaround guidelines to be achieved are as follows:

Basic Life Support (BLS) - 30 minutes  
Routine Advanced Life Support (ALS) - 40 minutes  
CPR/Major Trauma - 45 minutes

These times represent the goals to be reached when transferring the patient to hospital personnel and marking the unit "in service--returning." Upon arrival at the hospital, the Attendant-in-Charge (AIC) or designee will give a short patient report at the triage desk in order to assist in patient placement. The triage/charge nurse will assign a bed if one has not been previously assigned via radio.

A. **Stable ALS or BLS patients:**

On ALS or BLS calls, where the patient is stable, Spotsylvania County personnel will give a report to the ED nurse/paramedic. Transfer of care will have taken place when the report is given to the nurse/paramedic.

B. **Unstable ALS or BLS:**

When the patient is unstable, after placing the patient on the assigned bed, the AIC or designee will give a patient report to the nurse/paramedic assigned to the patient. If there is no nurse/paramedic immediately available, the AIC will wait five minutes. After five minutes, the AIC or designee will then attempt to locate the charge nurse and request that the assigned nurse/paramedic come to the patient's bed for a patient report and transfer of care.

- C. For career personnel, the turnover time will be noted in the agency use section of the Pre-hospital Patient Care Report (PPCR) along with the nurse's name. In instances where patient transfers do not meet the outlined goals, a "Hospital Delay Form" will be initiated by the AIC and turned into his or her supervisor. The completed form will then be routed to the appropriate agency representative.

2. It is incumbent upon the providers to provide the Emergency Room (ER) with an accurate assessment of the patient's condition and degree of severity of the illness or injury. By doing this, ER personnel will be better able to respond to that patient's needs for the most urgent care, and thereby enable us to turn units around more quickly.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG:** EMS055 ..... **Effective:** January 12, 2011  
**Subject:** Patient Transfer

---

3. Once the patient is in the ER, Spotsylvania personnel will not become involved in providing further patient care unless requested to do so by the ED staff. This will enable personnel to replace equipment, exchange the drug box, complete the necessary PPCR and related paperwork, and rapidly return equipment to service.
4. Spotsylvania fire and rescue personnel will not transport patients to the floors for direct admits or Labor and Delivery. Those patients are to be turned over to the ED staff in the ER.
5. Career personnel whose failure to consistently meet the turnover goals could result in disciplinary action. Prolonged turnover times due to the fault of hospital staff will not be counted against the career AIC.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: EMS060 ..... Effective: January 12, 2011**  
**Subject: Deceased Patient**

**Purpose:** This directive is to provide guidance in handling patients found dead or declared dead (code gray). The following are directives to be followed in most situations. In any cases not defined or in cases of question, consult a senior officer for direction. The Rappahannock EMS Council (REMSC) Protocols on Dead on Arrival (DOA) Management apply.

**1. DOA Patients (DOAs)**

- A. If after checking Airway, Breathing, Circulation (ABCs), you determine the patient has expired and no amount of Advanced Life Support (ALS) will be able to revive them, or it was the wishes of the patient that no resuscitative efforts be made through a legal Do Not Resuscitate (DNR), you shall:
  - (1) Immediately run a 30-second Electro Cardio Gram (EKG) strip on lead II and lead III to confirm your findings.
  - (2) Contact law enforcement for assistance.
  - (3) Cover the patient with a sheet to provide dignity of remains.
  - (4) Care for any emotionally-distraught family members.
- B. After checking ABCs, you determine the patient has expired but Basic Life Support (BLS) and ALS measures may revive the patient, then:
  - (1) Immediately begin BLS procedures.
  - (2) If more help is necessary, request the nearest appropriate assistance.
  - (3) Begin ALS procedures if possible.
  - (4) Transport patient to the nearest hospital.
  - (5) If the hospital is contacted and you receive orders from the directing physician to code gray (terminate resuscitative measures while en route to the hospital) then always transport the patient to the hospital for being pronounced by the directing physician.
  - (6) If the patient is declared code gray by a physician, the scene will be turned over to law enforcement.
  - (7) Follow the directions of the Sheriff's Office Deputy.
  - (8) Document the Deputy's name on your Pre-hospital Patient Care Report (PPCR) and carefully document the incident.
  - (9) Restock and deliver the PPCR to the hospital.

**2. Crime Scenes with DOAs**

- A. Protect Yourself
  - (1) Be as sure that the scene is secure and that law enforcement is on the scene.
  - (2) Wear gloves, etc. as appropriate.
- B. Protect the Scene
  - (1) Patient care is paramount. However, if the patient has expired and no amount of ALS will revive the patient, then disturb as little as possible at the crime scene and/or on the patient.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: EMS060 ..... Effective: January 12, 2011**  
**Subject: Deceased Patient**

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- (2) Do not disturb items in the area as they may impede or destroy vital evidence necessary in pursuing the perpetrator.
- (3) Remove yourselves to a location specified by law enforcement and, if requested, leave the scene.

**3. Undefined Cases**

- A. Follow the Chain-of-Command. Contact the agency officer for direction and, if he/she is not available;
- B. Contact the Emergency Room Physician for direction and if he/she has no direction;
- C. Have law enforcement contact the Medical Examiner for direction.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: SPO010..... Effective: January 12, 2011**  
**Subject: Hazardous Materials Response/Patient Transport**

**Purpose:** This Standard Operating Guideline (SOG) will provide guidance with reference to emergency response to hazardous materials incidents and the transport of patients contaminated by hazardous materials.

**Subject A: Emergency Response to Hazardous Materials Incidents**

These guidelines are taken from federal regulations (CFR 1910.120q) which have been found applicable to all emergency responders operating in the United States, regardless of their location or status (i.e. paid or volunteer responder).

1. The senior emergency response official responding to an emergency shall become the individual in charge of a site-specific Incident Command System (ICS). (Note: The "senior official" at an emergency response is the most senior official on the site who has the responsibility for controlling the operations at the site. Initially it is the senior officer on the first-due piece of responding emergency apparatus to arrive on the incident scene. As more senior officers (i.e. Captain, Battalion Chief, Assistant Chief, Deputy Chief, or Chief, etc.) arrive on the scene, responsibility for the incident passes up the line of authority previously established--even when the more senior officer does not take command.
2. The individual in charge of the ICS, Incident Commander or IC, shall identify to the extent possible, all hazardous substances or conditions present, and shall seek to isolate and deny entry to hazardous areas, while requesting appropriate technical assistance respond to the scene. Upon confirmation that a hazardous materials emergency exists, the initial IC shall advise dispatch to notify the County Hazardous Materials Officer, or the Alternate County Hazardous Materials Officer, if this has not already been done. When neither of these officers is available, the IC shall request dispatch notify the Virginia Department of Emergency Management (VDEM) Emergency Operations Center (EOC). State notification shall include details of the emergency and what, if any, assistance is needed including on-site response by a State Hazardous Materials Officer.
3. All emergency operations, protective actions, mitigation, and abatement shall be coordinated through the on-site IC, who shall consult with appropriate facility, shipper, local, state, and federal officials as necessary to safely manage and conclude the incident.
4. An IC shall hold at a minimum a Virginia Department of Fire Programs Hazardous Materials First Responder-Operations Level Certification, or Equivalent.
5. The IC shall limit access to the exposure risk zone to only those emergency response personnel who are (1) actively performing emergency operations, and (2) only when they are using the appropriate Personal Protective Equipment (PPE). Air monitoring, within the capabilities of initial response capability, shall be conducted as needed to determine the extent of hazard dispersion.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: SPO010 ..... Effective: January 12, 2011**  
**Subject: Hazardous Materials Response/Patient Transport**

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6. Back-up personnel shall stand by with equipment ready to provide assistance or rescue. An Advanced Life Support (ALS) medic unit shall be on-site, transport capable.
7. The IC shall designate a Safety Officer (SO), with appropriate knowledge for the emergency operations being undertaken (i.e. operations level for defensive actions, technician level or higher for offensive mode or both, etc.). The SO shall develop a site-safety plan and conduct crew briefings prior to crew entry into hazard areas. In the absence of a designated SO, the IC retains the responsibility for safety. Either or both the SO or IC shall alter, suspend, or terminate activities judged to pose imminent danger.
8. The IC shall designate a decontamination area and crew appropriate to the level of exposure risk posed by the incident. The location of the decontamination area and the decontamination procedures shall be included in the site-safety briefing provided to all personnel prior to their entry into hazard areas.
9. Spotsylvania does not maintain a hazardous materials response team and limits its response personnel to defensive mode in hazardous materials emergencies. This mode includes operating under the direct supervision of a county or state hazardous materials officer for purposes of performing decontamination procedures needed by entry team members of a trained hazardous materials emergency response team.
10. Termination of the emergency is reached when the IC determines, on advice from technical response personnel, that any hazardous product or substance has been properly contained and removed, and life, property, and the environment are no longer at risk from exposure to the hazard.

**Subject B: Transport of Patients Contaminated by Hazardous Materials**

The guidelines of this SOP shall be adhered to by all personnel when it is necessary to transport patients contaminated by hazardous materials to the hospital Emergency Department (ED) for treatment. Every effort to decontaminate the patient or patients should be attempted consistent with the urgency of their need for medical care and their potential to contaminate caregivers. Once the decision to transport has been made, these guidelines shall be followed:

1. Notify the IC, Spotsylvania Dispatch, FREM Deputy Chief, and the hospital ED as soon as it is known that a contaminated patient or patients will be transported to the hospital for treatment.
2. Provide as much information as is known about the incident, such as the type or contaminant, length of exposure, types of injuries, vital signs, and length and type of on-the-scene decontamination procedures used.



**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG: SPO010 ..... Effective: January 12, 2011**  
**Subject: Hazardous Materials Response/Patient Transport**

3. All providers will act under the orders of the IC when preparing to treat and transport patients exposed to hazardous materials.
4. Ambulances should be protected from contamination by using appropriate wrapping material to encapsulate the patient, or the affected (contaminated) area. Draping portions of the ambulance interior is a secondary protection method. EMS providers will make every effort to protect themselves from contamination when handling patients.
5. Unprotected personnel are forbidden from entering the "hot" or "warm" hazardous zone.
6. All clothing will be removed from patients prior to placing them on ambulance stretchers. The patient will be decontaminated as directed by the Hazmat IC and Medical Control prior to transport.
7. Patients will be wrapped in disposable blankets which will be sealed with tape to encapsulate the patient and prevent spread of contamination.
8. Patients will be delivered to the decontamination room through an outside entrance, or into the trauma room through an outside entrance.
9. After delivery of the patient to the hospital, personnel will follow the instructions of the emergency room's Hazmat Treatment Team relative to their own medical examination, treatment, and decontamination.
10. Personnel are reminded that the hospital ED requires a minimum of 30 minutes advance notice that a contaminated patient is being transported to their facility. This notice is needed in order to activate the necessary personnel and resources needed to receive the patient(s). Assure that the IC notifies the receiving facility as soon as you anticipate transporting a potentially contaminated patient.
11. Personnel are reminded that at no time will they request a helicopter for the transport of a contaminated person.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

**SOG:** SPO015 ..... **Effective:** January 12, 2011  
**Subject:** Water Rescue

**Purpose:** This guideline regulates the management of rescue incidents involving persons trapped in bodies of water such as creeks, ponds, and lakes, or as a result of flooding or recreational accidents.

**1. General**

- A. The safety of the victims and the rescue workers is of paramount importance. Always think before you act. Size-up must be a continuous process.
- B. Rescue workers must ensure that they do not become victims themselves.
- C. Most water rescues exceed the capabilities of a single engine company. Therefore, never hesitate to summon additional resources.
- D. Rescue priorities:
  - (1) Safety of the rescue workers.
  - (2) Safety of the victims.
  - (3) Body recovery.

**2. Risk Techniques**

- A. The following rescue scenarios are listed in order of their potential risk:
  - (1) Shore-based: Least risky. Use poles, floats, throw-bags, etc. to make contact with the victim. Avoid entering the water whenever possible.
  - (2) Tethered boat or float and rope system: A boat or float that is secured at either one or more control points may be used to reach victims. Rope systems range from throw-bags to extensive drag systems.
  - (3) Free boat: A boat that is either paddled or motor powered and not tethered to the shore.
  - (4) In-water contact: Swim to the victim, physically contact him, and return him to the shore.
  - (5) Helicopter: The final resort when other means have failed or are obviously impossible.
- B. Basic safety rules:
  - (1) Wear a personal flotation device in or near the water. This is mandatory.
  - (2) Wear a rescue helmet in the water.
  - (3) Do not wear structural protective clothing in or near the water.
  - (4) Do not overextend yourself.
  - (5) Do not become the victim.
  - (6) Always bathe thoroughly after entering any body of water due to the pollution hazard.
- C. Equipment:
  - (1) Personal Flotation Device (PFD): Must be worn at all times during a water rescue when in or near the water. Inspect PFDs for rips, tears, flotation compartments that leak, etc., prior to each use.
  - (2) Helmet: It is strongly advised that the rescuer wear a Swift Water Rescue helmet anytime he is in the water. Inspect the helmet for cracks, loose padding, or straps, and any other abnormal condition before and after each use. Replace as needed.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: SPO015** ..... **Effective: January 12, 2011**  
**Subject: Water Rescue**

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- (3) Rope: Should be clean and dry before storing. Rope that is used for water rescue should never be used for any other purpose.
- (4) Knives: Should be securely fastened to the shoulder strap of the PFD of the rescuer entering the water. These knives should only be used in water rescue operations.

**3. Guidelines for Cold Water and Ice Rescue**

To establish a safe and uniform method of operation at the scene of rescue involving cold water and/or ice.

**A. Dispatch**

- (1) One ambulance per victim as well as an ambulance for the rescuers who operate on/in the cold water/ice.
- (2) The Spotsylvania County Water Rescue Team shall be dispatched at the time of the call.

**B. Rescue vs. Recovery**

- (1) Due to the numerous successful resuscitations of persons submerged for prolonged periods of time in cold water, every cold-water incident shall be treated as a rescue until the time period has elapsed where it is deemed that there is no hope for survival. Due to the irritability of cold-water victims' cardiac systems, extreme care will be exercised to handle all victims in as gentle a manner as possible. Warming will be controlled as per protocols.

**C. Basic Rules**

- (1) Immediately upon arrival, the Incident Command System (ICS) will be implemented and a complete size-up shall be conducted to determine the total number of victims, their level of consciousness, and the best access to the water/ice. The Incident Commander (IC) shall assign personnel to appropriate assignments.
- (2) A safety perimeter shall be established to control bystanders, relatives, well intentioned/misguided would-be lay rescuers.

**D. Tactics**

- (1) Tactics shall be developed and employed in a manner to minimize danger to our rescuers. They should be employed in order based on practicality or likelihood of success. While one tactic is being attempted, a backup tactic should be set up to be deployed quickly if it is needed. Cold-water attempts shall proceed in a reach, throw, and go progression. While the reach and throw tactics are being conducted, the water rescue boat should be inflated and trained personnel should be putting on their water rescue suits.
  - a. **Tactic #1 - Reach**: A Reach shall be attempted first when possible and practical. This method shall use pike poles, ladders, or other objects available to reach the victim while keeping the rescuer in/on shore.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: SPO015..... Effective: January 12, 2011**  
**Subject: Water Rescue**

---

- b. Tactic #2 - Throw: Next in order is the throwing rescue where a rope bag or life ring attached to a rope is thrown out past the victim. This tactic should be evaluated before being attempted to ensure that any attempted movement by the victim will not place them in greater danger.
- c. Tactic #3 - Go: This tactic shall utilize the Water/Ice Rescue Boat. Two rescuers in cold-water suits shall walk or row, as appropriate, the boat out to the victim. A tether line shall be manned at all times while the boat is deployed. The victim shall be gently lifted onto the boat. Once the rescuers have the victim, they will signal the crew on shore to start slowly pulling the boat to shore. If a rescuer leaves the boat, a tether line shall secure them to the boat.
- d. Tactic #4 - Go #2: This tactic shall require sending a tethered rescuer in a cold suit into/onto the ice or cold water. They shall have the rope attached to the harness on the suit. This tactic should only be used when the rescue boat is available (should this be available?) or in the case of multiple victims.

In any of these tactics, communication with the victim(s) shall be established and maintained throughout the incident.

**E. Hand Signals**

- (1) Tapping your hand on your head shall indicate to the shore personnel to start to pull you in. When the rescuer is on the boat, tapping their head shall indicate that they want the boat pulled in.
- (2) All tethers shall be manned at all times. Shore personnel shall maintain enough slack in tethered lines so as to allow rescue personnel and equipment to advance freely.

**F. Water Rescue Definitions**

- (1) Eddy Current: An area of generally calmer water behind an obstruction in the current. Also, along the shore at corners or rapidly widening areas. A good place to rest or to try to get out of moving water.
- (2) Eddy Fence: A visible line where the current changes to the opposite direction of the main flow and creates an area of eddy current.
- (3) Hydraulic: Also known as a hole, a keeper, or the drowning machine. This is probably the most dangerous area of moving water and occurs anytime water suddenly drops from a higher to lower level. The most dangerous areas are from two to six feet deep. This can occur over automobiles, rocks, or just about any obstacle in moving water. It is nearly impossible to swim in a hydraulic due to the aeration of the water. Learn to identify hydraulics and avoid them.
- (4) River left/River right: Used to indicate the appropriate side of a stream. Face downstream to orient yourself to river left or right. This way, stream banks will have the same name no matter who is describing them.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

---

**SOG: SPO015 ..... Effective: January 12, 2011**  
**Subject: Water Rescue**

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- (5) Strainer: A buildup of debris that restricts the flow of water. Strainers are very dangerous--avoid them.
- (6) Upstreams/downstream Vs: Upstream Vs point to obstacles. Downstream Vs point to areas of greater water flow.

**SPOTSYLVANIA COUNTY  
FIRE, RESCUE, AND EMERGENCY MANAGEMENT  
STANDARD OPERATING GUIDELINES**

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**SOG:** SPO020 ..... **Effective:** January 12, 2011  
**Subject:** Bomb Threat Responses

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**Purpose:** The following guidelines will be used by all fire and rescue personnel when they are dispatched to respond to a bomb threat situation:

1. Bomb threats will be dispatched using Spotsylvania Communications Protocol.
2. Units are to remain at their building until called to the scene by law enforcement or fire command on the scene.
3. Spotsylvania County fire and rescue personnel will strictly adhere to scene staging instructions issued by the scene commander.
4. No fire or rescue personnel will, under any circumstances, enter into a search for a suspected bomb.
5. The guiding principle for all personnel will be that an investigation of a bomb threat is a law enforcement matter requiring specialized training, equipment, and explosive-detecting dogs.
6. If an emergency call is dispatched in the first-due area of the company and/or station that is on the standby, they will be released and the second-due station will cover the bomb threat.